

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90049 016 ***150.00

DOCUMENT # L34921

1. Entity Name
BOB'S COMPLETE LAWN SERVICE, INC.

Principal Place of Business
C/O ROBERT BLANCHARD
5717 RAINTREE TRAIL
FT. PIERCE FL 34982

Mailing Address
C/O ROBERT BLANCHARD
5717 RAINTREE TRAIL
FT. PIERCE FL 34982



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
DOROTHY BLANCHARD
 Suite, Apt. #, etc.
5717 RAINTREE TRAIL
 City & State
FT PIERCE FL
 Zip
34982 Country
St Lucie

3. Mailing Address
DOROTHY BLANCHARD
 Suite, Apt. #, etc.
5717 RAINTREE TRAIL
 City & State
FT PIERCE FL
 Zip
34982 Country
St Lucie

4. FEI Number **65-0168122** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANCHARD, ROBERT
5717 RAINTREE TRAIL
FT. PIERCE FL 34982

7. Name and Address of New Registered Agent

Name **DOROTHY BLANCHARD**
 Street Address (P.O. Box Number is Not Acceptable)
5717 RAINTREE TRAIL
 City **FT PIERCE** **FL** Zip Code **34982**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Dorothy Blanchard* **DOROTHY BLANCHARD** 1/16/02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
 * Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLANCHARD, ROBERT 5717 RAINTREE TRIAL FT. PIERCE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BLANCHARD, DOROTHY N. 5717 RAINTAIL TRAIL FORT PIERCE FL 34982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dorothy Blanchard* **DOROTHY BLANCHARD** 1-21-02 (561) 466-1921
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)